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appropriate. All further indicated unless correct maintenance fee notifica	correspondence including ed below or directed otl	ng the Patent, advance of herwise in Block 1, by (a	rders and notification of r a) specifying a new corres	maintenance fees v spondence address;	vill be mailed to the and/or (b) indicating	current c	correspondence address as ate "FEE ADDRESS" for
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OLIFF & BER P.O. BOX 3208. ALEXANDRIA	RIDGE, PLC	JUN 2	I he State	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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							(Datc)
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/582,344 06/09/2006 Elisabeth Delevoye 128180 4918							
TITLE OF INVENTION	I: MICRO-MACHINED	VIBRATING STRUCT	URE AND ASSOCIATED	MICRO-GYROSO	COPE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TOTAL FEE	(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0 <b>96 /25 /2</b> 6	\$174 <b>988 AWONDAF2 999</b>	10 1 <b>9988 19</b> 1	07/17/2008 582344
· EXAMINER		ART UNIT	CLASS-SUBCLASS			10000 10	1440.00 OP
CHAPMAN JR, JOHN E		2856	073-504120	91 FC:15 02 FC:15			300.00 OP
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the p	atent front page, lis	st . 01	iff & I	Berridge, PLC
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
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			THE PATENT (print or type	•			
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Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent) :	Individual 🖔 Co	orporation or other pr	ivate grou	p entity Government
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Issue Fee	No small entity discount p	normitted)	A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.				
Advance Order		ermited)	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
<del> </del>			overpayment, to Depo	sit Account Number	<u>15-0461</u> (e	nclose an	extra copy of this form).
_	tus (from status indicated s SMALL ENTITY state	•	☐ b. Applicant is no long	ger claiming SMAI	LL ENTITY status. S	ee 37 CFI	R 1.27(g)(2).
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